MATERIA MEDICA.

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MSS. Lectures on the Materia Medica by J. Carson on Anatomy

2 vols

Lecture I

No department of Medical Science occupies a more extended field than that on which has been conferred the title of Materia Medica, for as its signification is now understood, numerous subsidiary departments are embraced by and included within it. The use of the appellation in a comprehensive sense may however be reasonably objected to, on account of being indefinite, or conveying but a partial idea of the number of objects which legitimately appertain to it, and I am disposed to accord in the propriety of adopting the name Pharmacology, which

is more general in character & more consistent with modern nomenclature. It comprises all the information we possess with regard to medicinal agents, whether relating to their nature, origin & properties, modes of preparation, or effects and application. Hence Materia Medica, Pharmacy, & Therapeutics are the divisions of which it is susceptible, although these are intimately associated & mutually dependent upon each other.

For the successful practice of his profession however the physician is not restricted to the articles of the Materia Medica, as in the catalogue containing the whole of the agents which may be employed, are enrolled

many which without belonging to this class, equally contribute to his resources; such as blood-letting in its varieties, heat & cold, electricity and galvanism, acupuncturation; hygienic measures, as diet, exercise, clothing &c which are efficacious in combatting disease. The distinction is therefore to be made between remedies & medicines. In plain language it may be stated that all medicines may be regarded as remedies, but it does not follow that the converse is the case; nor indeed is it; for it is to be understood that the latter expression has a specific reference to a certain class of bodies, while the former is universal & applied to agents

of every description that may be beneficially employed.
~~applied~~

Oct 16th 1849 — Puerperal Fever —

Mrs John Wetherill aged 23 years —

First child, — Male,

Habit full, temperament nervous

was delivered — 16th Oct at 6 P.M. Labour good. 10 hours, pains commenced in morning — extinct the size of a cent piece at 2 P.M. fully dilated at 3 or 4 — the head had passed the ring of neck & entered lower pelvis. System not excited. Passed a comfortable night, with little or no after pains, a few clots passed. Saw her at 7 the 17th, doing well, no excitement of system but complained of soreness in left hypogastric region at the time of uterine contraction which since daylight had become more frequent.

At 11 A.M. she had a chill which did not pass off for an hour & followed by fever. Ordered warm spirits to abdomen & Mist Neutralis — Maple & Nitre Opt. 6 P.M. — Great febrile excitement, agitation, restlessness, jactitation, pain in head, rapid respiration, thirst, skin hot, complains of heat of room, pulse rapid 130 — tongue clean, pain great in hypogastric line, tenderness of abdomen, some ~~cy~~ hypersthesia, uterus hard & contracted sore. Has passed in clots & otherwise at least a pint of blood during the day. Cannot move her limbs without an increase of pain. Muscles of arms sore. V.S. ℥x — hot brandy fomentation & continue mixture.

9 P.M. Free from restlessness, pain in head subsi

In a reeking perspiration, pain & tenderness of the abdomen less, can move limbs freely – pulse 180 – complains of flatulence. Ordered Pot Carb – ℥i –
Morph sulph ½
Aq Mentha pip ℥ij
M
a teaspoonful pro re n.

10 P.M. – Met Dr Meigs – state same – Enema opii gtt XLV

12. Ct. – very comfortable – pulse 124.

18th 5 A.M. Slept until 3 oc when pain returned in hypogastric region, with tension of the whole abdomen, head painful, skin hot and dry, thirst restlessness, pulse very rapid. V.S. ℥X. then S desisted from weakness. A purgative enema, hop fomentations & Mist Sent to.

9 – A.M. Enema has operated. Patient lying on side, respiration calm, perspiration profuse, free from pain, pulse less rapid, tongue white, blood drawn without ~~coagulum~~ buff coagulum firm. Linseed & Ricini ℥ p –

7 – P.M. Pulse 134 – skin moist & pleasant, no thirst. Lies with comfort on either side, but considerable tenderness on pressure in left iliac region, tumour firm but sore to pressure, bowels have been freely operated on, much flatus passed, milk appearing in breasts, lochia free. Flavored tea toast oil enema, warm

Linetoil Hand and arm fractures b side + 1/4 gr. Morph sulph

19th – q – Ab. Passed a comfortable night. Pulse 130 – skin pleasant, less pain + soreness on pressure, – tongue furred, secretion of milk decided.

b – Pdr. Complains of an increase of pain + soreness in hypogastrium + left iliac fossa – abdomen distended, pulse 130 – ordered bit + flexseed enema, + 1/4 gr sulph Morph every 4 hours.

20th Slept tole all night two doses of morphia taken.

9th Pulse 104. Comfortable in all respects, can turn + lie on left side, less soreness + tension. pl of Morph sulph – every 5 hours. Oysters begin for diet.

q – Pdr. less well as in the morning. ~~Crevasses~~ child freely – Morph sulph gr 1/4. –

21st Passed a good night, skin pleasant, pulse 100. abdomen soft, a small amount of soreness on pressure in left fossa. Free lactation. Continue the Morphia. Oysters begin + an injection of castor oil.

22d. Passed a good night, tongue cleaning, pulse 114 – abdomen soft, slite pain on pressure in region of uterus, bil Ricin. ℥ij – Apt Terebinth + sweet oil + abdomen

23d. bil produced some distress in abdomen which went off when it operated at 10 Pdr last night. Continues to improve, tongue clean, pulse soft 114 – less pain + soreness moves limbs freely. Allowed Chicken water + rubbed abdomen with Sim ~~Terebinth~~ Cantharis Opiate enema at night 30 gtt to Opii

24 – Comfortable pulse 114 – 25th Convales. Mod diet pulse 88.

26 – Pulse 80 – weak but free from disease.

1849—

March 2d at 9 oc was called to see the infant son of Mrs — the subject of preceding case; found him with fever, very frequent pulse, short respiration, nervous torpor & plaintive moaning. Learned that he had nursed well the evening before & through the night but had refused the breast this morning. The eye was dull no preternatural heat of head, colour less distinctly marked than yesterday — when the gum had been profusely developed on the skin. Bowels well open by castor oil the day before. Ordered rest meat & opt mist a, — ℞ ⁊ ℞ ij — every 2 hours

Evening — at 5 oc Child more lively eyes open & attracted by light, feverishness gone, pulse rapid & respiration more frequent than natural, stomach apparently distended & meteorised — cried violently when examined. Ordered tac assafoet injec. —

9 oc was summoned in haste & found the child dead. —

Post mortem — March 3 at 2 P.M. with Dr L. Fahey's —

Body presented no blueness except from position & incipient putrefaction of lips & gums.

Chest. — pleura filled with fluid, lungs healthy

the structure, engorged with blood giving to them a denser feel than natural, floated on water. — Pericardium — filled with fluid so as to appear as a transparent sac, Heart of natural size, ~~left~~ right side filled with coagulated blood, a thick dense & somewhat adherent coagulum, semi fibrinous & wanting in red globules in the opening between ventricle & auricle, adherent and apparently not of recent formation; — tricuspid valves reddened, thickened & presenting fleshy granulations, the colour of the fleshy acinus of the raspberry. — foramen ovale patulous size of a goose quill. Black blood in left side, mitral valves presenting to a limited extent the same appearance as the tricuspid. — semilunar valves healthy. —

Bowels distended with gas — abdominal organs healthy.

— The peculiarity in this case is the presence of black blood in left side of heart & no cyanosis !!

Case of threatened abortion at 6 months. —
Mrs D. State — pregnant with her 5th child, a
nervous sanguine woman — aged 32, was on
the 1st of August 1849 — rendered uncomfortable
from oppression about the chest & plethoric fulness
— pulse tense & full, face disposed to
flush, feelings uncomfortable & tension and
swelling of the lower extremities. Her appetite
had been capricious & she had for the most
part during her pregnancy suffered from irri-
tability of stomach. I recommended her to
be bled but it was not practised.
August 3 — at 8 p.m. I was called on by her hus-
band & requested to visit her. I found that
she was strongly threatened with miscarriage, dur-
ing the afternoon she was attacked with pains
of a twisting character clearly uterine. Her symp-
toms were as follows — violent uterine pain
commencing in the organ & extending into the
back resembling violent labour pain, recurring
at intervals 10 minutes, during these pains the uterus
became hard, tense & condensed & forced the fetus
to the lower portion of the uterine globe, at
the neck of which much pain was also experi-
enced. The condensation was most apparent
to the hands on either side at a point a

short distance from the fundus, when during a pain irregular retroposition resembling a tale the size of the first was manifest; the neck of the uterus had not been altered as determined by examination & there was neither show or hemorrhage. Besides these symptoms the patient complained of gastric oppression, an uncomfortable sense of tightness across the precordia & hardness of surface. the pulse was tense full & accelerated. In the morning there had been vomiting & during the day some diarrhoea. The immediate cause of this state of things was intestinal, the patient having eaten green plums previous to vomiting & from having a morbid appetite had for some time indulged in unwholesome indigestible articles as pickles &c instead of her natural food. —
She had taken ℞ gr Morphia & an anodyne enema — 10 oz blood were immediately taken from her arm and a mustard poultice applied to the back — I staid with her until 12 oc when the pains had gradually abated & she was disposed to rest.
August 4 — Found the pains had gradually gone off through the night & complained only of soreness.
Aug 2d — Free from pain. Sitting up & comfortable
This patient died with afterwards until her confinement in October 1849 =

Puerperal Fever.

Mrs Webster aged 25 of delicate constitution & nervous temperament, after much suffering & several threatenings of abortion was delivered on 22nd of November 1849 — Her labour was of 11 hours duration & very hard, from unyielding of the soft parts, & slow dilation. After the labour for several days she complained of tenderness of the parts in consequence of previous hemorrhoidal tumors & excoriation of the lower portion of the vagina but had no fever, her milk came on the 3d day — 25th & her lochia was abundant.

On Monday 26th she had a regular chill followed by some exacerbation, pulse 90 — under the employment of Morphia & neutral mixture, this was relieved by perspiration & on the 28th in the morning she appeared comfortable. — At noon a recurrence of the chill took place followed by fever pulse 114 — skin hot & great thirst, headache & sharp lancinating pains through her abdomen, much tenderness & distention. R — ℥vj — fomentations to abdomen. R Resin ℥ß —

29th Oil not operated symptoms same as yesterday with the exception of pulse which was 100. — Ordering the day a cold injection with the effect of casting once on bowels —

28 — Less fever, abdomen still tumid & complains of sharp pains in the abdomen. Introduced the hand into the vagina & pushed up the womb with some relief. Lochia diminished, pulse, headache, another injection.

29th Injection not given by the nurse under the impression that bowels would be open. Pain very severe of a sharp lancinating character, much distention & tenderness of the abdomen, pulse 115 — restlessness & wandering, hemalgic pain in the ear & head, passes the water freely but no evacuation from the bowels — Ordered Pil Opii — gr iij — Morph sulph — gr ¼ every 3 hours — Camphor Steps —

30th Has slept through the night, in free perspiration pain in abdomen still severe, thirst, itching of the skin. Pulse 100 — Continue Pills of Opii & Morphia — Dec 1st — Apparently better has passed much flatus by injection, Countenance less expressive of anxiety — skin moist, less pain, paroxysms not as frequent, pulse ~~fell~~ sound, sept 94 — abdomen less distended, less sensitive to pressure some thirst, slept a portion of the day. No profuse discharge but an ℥ in quantity ~~but~~ passed from the vagina, Continue camphor steps — Pil as before & Opii but ½ — water as drink, Milk continues but less in quantity. — Bowels not being moved by 24 hrs In the Morning ordered the Infusion of the Rhubarb ℥j

Dec 2d — Passed a restless night — Expression anxious — pulse 130 — skin warm, thirst excessive, great distention of the abdomen & more tenderness. Tongue with a decided white coat. No vomiting or discharge, Milk continues but reduced in quantity — free urination — at noon the Pil not having operated — introduced the stomach tube & gave ½ pint of flaxseed gruel — Pil Cal gr ij Opii gr i every 3 hours. — Blister 6 by 6 on abdomen. —

10 — Pds. Blister had drawn well & a copious evacuation had taken place from the bowels. — pulse 115 — Cont pills & poultice to blister. Mist Camph Pot ℥i in Opii gr xl aq Fruent under ℥vj } a tablespoonful every 2 hours

Dec 3d – has quiet but did not sleep through the night. Countenance placid less anxious. Skin warm dry – Pulse 124 – Abdomen still much swollen, but at times has been reduced a little by the discharge of flatus. Tongue coated, bowels have not been moved since last evening – Can move limbs & cough with more comfort, but motion of body produces pain. Milk flow but less in quantity – No lochia – Urine free. – Pil ℞ Cal & Opii – ar byte & soap & water as enema. –
10 oc P.M. – the bowels freely moved, pulse 120 – has headache – Enema of last opii during the night.
Dec 4th Quiet but did not sleep during the night, wandering of mind from opium (60 drops last opii at three times having been administered) recovered herself – Tongue furred a little brown in the centre, has thirst, skin pleasant – pulse 120 – abdomen less tumid – soft – very sensitive & still complains of pain in the region occupied by the uterus, – bowels not moved since yesterday. ~~Enema chicken water~~ I introduced my hand into the vagina & pushed the uterus up – with relief to the dragging feel in the abdomen. Ordered Chicken water – 10 drops of East Indian flung – & Potassa mixture.
6 P.M. Bowels have been moved, belly a little softer, pulse 120 – ordered – ℞ ½ Sulph Morphia & 20 drops Spt Nit Æ every 2 hours.
Dec 5th Had a quiet night, but suffers at intervals from sharp lancinating pains in the pelvic region. Tongue moist the fur more uncovered red less at edges. Pulse 100, abdomen soft but

1849

Mrs Webster – Nov 22d – del –
attacked with puerperal fever
on the 26th Lochia fetid on –
the 28th a profuse discharge
came from the vagina upon –
the 30th Dec 4th introduced my –
hand into the vagina & pushed –
up the uterus.

Dec 23 – Mrs Clifton – Dec 6 Mrs Mc Phetres –
" 7th Mrs Young – " ~~9th Mrs McGee~~ –
16 – Mrs O'Rei – 28 – Mrs Gd –
29 – Mrs Algee –

Mrs Lutherale – 1849 – Jet 16th 18th fever
puerp – Set in –
20th Jet del Mrs Kerr. 11th Lochia (Mauch)th

get distended. Skin moist. Head clear but has been affected by the morphia. Continue Morph Cam & Apr Nitre. Chicken water.

Dec 6th Passed a great night without sleep. Head much affected, exceedingly flighty & wandering in mind. In general symptoms much improved. Skin moist at times reeking with perspiration, complains of great irritation of it. Pulse 94 - Tongue decidedly clean at edges & tip - No stool but can pass flatus freely water free. Does state some pain in abdomen extending to limbs, lay other position but a usual and painful & impossible limbs drawn up - Water free. Ordered weak infusion of Chamomile - 20 drops of Thick Extract of Valerian every 2 hours & an assafoetida injection immediately. Mutton Chop & porter sangaree.

Dec 7th Slept during the night, perfectly rational this morning. Countenance clear & cheerful. Pulse 88 - Tongue clearing. Bowels ~~[illegible]~~ moved, belly subsiding. Less soreness & can extend the lower extremities. Skin freely perspiring - Blister sore No milk - Now & then shooting pains of a neuralgic character. Chamomile tea. Eat bake & animal diet.

8th - Free from all pain, Belly soft, bowels moved freely, tongue clean, pulse 96 - soft & feeble, Skin natural - Tunica Sulph - gr 1 every 3 hours - Continue animal diet.

9th - Decidedly convalescent - on the 13th sat up & on 15 - free from all apparent disease but weak.

On the . This lady was seized with a renewal of

pain & soreness on the left side with most of her previous symptoms. The same course of treatment was pursued, which resulted in relieving the acute state of disease & causing it to assume the form of chronic cellulitis of the left side of the pelvis - accompanied with pain in the hip & in the course of the nerves, with retraction of the leg. Then constitution assumed an atonic condition, with exhaustion sweating & hectic paroxysms. From these in April she was in a measure relieved & was enabled to live in the open air. - Her treatment consisted, consisted of iodine, iron, tonics & laxatives.

Placenta praevia –

Mrs L. Lewis aged 23 – a delicate fragile creature, seven months gone with her third child, within the last month has manifested a tendency to hemorrhage, which on several occasions was severe. This induced her adviser Dr Higgs – Lent – to suspect Placenta praevia & about two weeks from to date he was enabled positively to diagnosticate it. April 15th 1850 – after breakfast she was seized with a return of hemorrhage, preceded by slight pains, which was arrested by rest cold & sedatives, the cicatrization. In the morning of the 16th the hemorrhage was renewed, the uterus was found to be in state of contractile activity, & from the separation which had taken place between the placenta & the neck of the uterus, exhausting – waste existed. At 1 o'clock P.M. I was requested to take part in the management of the case & found the patient in an exhausted feeble condition, her countenance pale & contracted, hands & feet cold, skin cool, voice suppressed, tongue pale & bloodless, pulse very small & very frequent. Upon examination per vaginam, the mouth of the womb was found dilated the size of a half dollar two inches but so unyielding as to forbid the introduction of the hand & through it presented a portion of the placenta, recognisable as being its centre, the hemorrhage coming mainly from the anterior cervix. A tampon was employed & stimulants, with cold to the abdomen resorted to. In the course of an hour reaction was established & the patient became comfortable with the exception of some pain & the inconvenience of the plugging the vagina. Nothing but serum drained away during the day, & the patient – vomited several times during the day.

At 10 o'c P.M. it was deemed expedient to remove the

tampon, which was found to be saturated with deeply tinctured blood, and soon afterwards regular determined pains set in without however any considerable flow, the cone of the uterus being gradually removed and a decided impression being made upon the mouth of the uterus.

At 2 oclk of the 17 a violent gush of blood occurred, with the escape of a large patiform coagulum & apparently proceeding from the uterus & a marked defidance in the powers of our patient. This induced an attempt to terminate the labour by manual interference, which was accomplished by Dr Keys. Having ascertained that the spine of the child was turned to the ~~left~~ right side of the spine of the mother & the feet to the left & below of the umbilicus, he with infinite difficulty introduced his right hand & seized the knee. In consequence of the contractions of the uterus, the operation of turning was performed very slowly & cautiously, but steadily & finally resulted in the safe removal of the infant. In a few minutes the ergot & placenta followed. — As the head emerged, the patient after the operation was much exhausted & laid for a length of time in the same condition as the morning previous: from time to time there being a tendency to faint, & presenting extraordinary rapidity of pulse. Stimulation & compression of the head & stimulants with opiates were resorted to. This prostration was due to the previous loss of blood as no unusual flow followed delivery & the uterus firmly contracted.

At 9 oclk P.M. Patient had fairly reacted, pulse full

less rapid, with a fair general temperature
April 18th Passed a good night & symptoms so ameliorated as to place her out of danger. On the 19th she was again attacked with extreme depression of her vital forces which finally terminated in a lapse & she died on the evening of the 21st. Dr Chrisp was of opinion that her death was produced by the heart clot. The child died in 3 hours from birth.

Hemorrhage from the vagina of an infant newly born.
On the 30th March 1850 delivered the wife of the Revd W. Bonner of a female child, three or four weeks previous to term. The infant was very weak & required help and warm breathes animation which was suspended. This was accomplished by means of heated towels. On Tuesday April 2 I discovered that the diaper was stained with blood & upon examination ascertained that it came from the vagina. At the moment of examination, the bowels being moved a tea spoonful at least was forced from the orifice. The blood on the diaper was dark colored & shreddy. In that which came away under my eyes a distinct coagulum was noticeable. This hemorrhage continued until the following Saturday, when it disappeared without any remedial agents. The child taking nourishment & thriving well. At the time of the hemorrhage, a desquamation of the cuticle took place from the arms & legs, induced by the friction then employed in rubbing along them.

Cyanosis with disease of the heart.

The subject of this case having been a sufferer from birth & in opposition to many physical obstacles, having lived to an unusual length of time, I have conceived that all the details appertaining to his history would be interesting & have accordingly recorded them. — Samuel Rhodes was born , a perfect specimen of cyanosis. — He passed through the stages of infancy with no unusual derangement of health, but being developed however as his brothers and sisters, he remaining puny & unsightly. In April 1842 he had an attack of hooping cough which was of great severity, in consequence of the difficulty of respiration at the time of the paroxysm, and profuse hemorrhage from his lungs. — From this he recovered, & from that time until the winter of 1848 was apparently in good health. I had never inquired into his condition prior to the onset of hooping cough. But at that time & subsequently have studied his condition, when in the best state of physical existence the following were the features presented — Countenance rather dull, with a leaden hue of the skin, the expression of the eye clear, but the aspect pressented with deep crimson vessels, lips & gums & tongue purple, person small but stubby increasing from year to year latterly delicate with a remarkable enlargement & beaded formation at the ends of the fingers & toes which were

as deeply tinctured as the lips & tongue. The chest covered a constant series of symptoms which were persistent up to the last two years of his life, as follows — resonance on both sides before & behind, respiration heard throughout with no evidence of pulmonary entanglement. The impulse of the heart was strong extending half an inch further on the right side than natural & seen across when the entire surface of the chest was exposed. The frequency always amounted to 80 pr minute. This action of the heart was accompanied with both sounds, the first sound however most feeble, and a peculiar bellows sound which was perceptible not only when the ear was applied directly over the heart but also at some distance on the sides of the chest. When active exercise was taken his respiration was more hurried than common, but in other respects did not appear to suffer, had a good appetite, good spirits, & an active enquiring mind which led him to apply himself to his studies & actually to excel in such as were presented in succession with advancing years.

In the year 1843. With the view of determining the exact position upon the examined condition Dr Pepper simply instituted the following experiment. 1 — I then laid upon his back with his shoulders moderately elevated, his chest presented dullness on percussion over the cardiac region which evinced some prominence. Impulse not very strong, strike 80 pr minute, pulse regular but feeble; carotids same as the wrists. Breat de scription distinct. Respiration 20. —

The right hand was now elevated for 2 minutes - when at last its colour, while the left being pendant increased in blueness. At 22 minutes - past 12 ock he was laid upon his left side; in 13 - minutes the lividity in the lips & hands which were now placed at rest horizontally had subsided, a little more injection causing in the pendant side of the head than in the upper. At 25 minutes before 1 - ock, placed him on his right side & in 15 minutes there was no more diminution of colour than when his position was just changed.

2 - We now had him go to the garret & return, which he did with a run, returning with deep lividity of the lips cheeks and hands & a tumultuous action of the heart. Placed him now on his left at 4 minutes after 1 ock & in 15 minutes the injection was in the same state as in the first experiment on the left side.

3 - He was again sent to the garret & returned with the same symptoms, then placed on the right side, at the expiration of 15 minutes there was the same diminution of colour as in experiment 2d but not more rapid or to a greater extent.

4 - When placed upon his back, the same condition ensued, as at the commencement of experiments. -

During the winter of 1848 49 he had an attack of hemorrhage of the lungs, connected with pneumonia symptoms, from which recovered & in the spring resumed

his school duties but his health was not so good though the evening extreme taken cold weather set in he was obliged to relinquish them, becoming a confirmed invalid & evidently declining.

April 25th 1850 – I visited him & noted the following symptoms. Much emaciated & his whole frame, with extreme delicacy of the upper three extremities, Countenance pinched leaden, eye dull, lips tongue pale purple, pulse 116 feeble, ~~[illegible]~~ quick & weak – respiration 30. sighing, impulse of the heart decided but not forcible – ~~second sound~~ sounds of the heart merged ~~also perceptible~~ into a rough ~~[illegible]~~ sound which is heard all over the front of chest. respiratory murmur clear throughout in the right lung but extend & posterior, the sounds in anterior left lung are masked by the sounds of heart but posteriorly the middle lobe presents dullness on percussion & a distinct crepitant murmur. Some cough exists more especially at night, with thick tenacious expectoration, he cannot remain in the recumbent position, – The skin is cold & moist, appetite poor, bowels regular but tongue coated, he complains of acute pain & has suffered from prolapsus ani.

The treatment consists in palliatives. –

From the time specified the poor little fellow has been rapidly failing, constantly on growing in & his difficulty of breathing ~~has~~ has become so oppressive as to preclude repose in the recumbent position, the respiration gradually has become more laborious until ~~the~~ has reached 35 in the minute pulse quick & tense, skin cold, mucous mem

hands becoming dry & hot, extremities swelling. The anterior part of the chest under the sternum extending over to the right side presents the rough blowing sound, with hardly the natural sounds perceptible. The chest on the side presents dullness, & there is a sudden & sudden fullness on other side, coupled with suppression of respiratory murmur.

August 26. Patient after having almost groaning excessive pain in chest and extremities with labored, & difficult, augmenting asphyxia & the coming on almost black hue of his surface with clammy coldness of his extremities for several days, ceased to breathe on this day at 2 P.M.

Autopsy. 68 hours after death an examination of the body was made. The appearance of it was very thin & the blue hue of the skin was very apparent. The examination being conducted by Dr Jno Sargent & took the following notes

Chest. Upon laying bare the sternum and removing it, strong adhesions were overcome. In endeavouring to remove the lungs they were found bound to the sides of the chest by strong membranous connections the result of pleurisy on both sides, but more firm on the left.

Lungs filled with tubercles as large as pea as well as in smaller masses, congested in some portions hepatized, the posterior part of

both in a state approximating softening. Sinking in water.

Pericardium adherent firmly to both right & left lung on either side, containing ℞ij of serum. The heart was placed with its right edge under the centre of the sternum, the ~~upper part~~ base of the organ of the aorta opposite the 2d rib, the apex between the 5th & 6th ribs. Aorta very much dilated, 3 inches in circumference. Length of heart 4 1/4 inch. transverse diameter 3 1/2. Much distended with blood. Left ventricle filled with soft coagulum. Substance of the organ very flabby. 3/4 in in thickness. Auricles very thin & distended. Foramen ovale open large enough to admit the forefinger. diameter 1/2 in. 1/2 circum. Right & left ventricles communicating, there being but one cavity, the septum being wanting with the exception of half an inch at the lower part formed by a transverse development of the columnae carneae. Pulmonary Artery at origin 3/4 in diam. Liver very large, extending 2 inches beyond umbil. Kidneys firm.

Rest of abdominal organs healthy.

This case presented to the College of Physicians December 3d 1856.

Puerperal Peritonitis.

Mary Gibson 19 years age of lymphatic temperament, in good health, plump & strong in appearance, entered the Hospital ~~July~~ June 1st 1850. — During her residence before confinement, her mind did not appear to be of ordinary strength & from the indifference exhibited with regard to her state & the welfare of her infant, we were induced to suppose the child illegitimate.

On Tuesday June 25 — labor took place, a male child being born with out any thing unusual — attended by Dr Gobrecht, the Dr was the only resident at the time in the house & had a case of Erysipelas under his charge.

The next day patient had a chill followed by fever pulse 140 p min. furred tongue & pain in the left side of the abdomen, with tympanites. She was purged treated with Calomel & opium & some leeches were directed to be placed on the abdomen by Dr Hodge. Amendment followed during the following days. & on Saturday I took charge of her. June 30th Condition as follows — Skin a little dry pulse 98, soft — tongue slightly furred, intelligence good, no thirst, eye clear, expressing free animation, abdomen free from pain or uneasiness — soft & yielding, free secretion of milk, lochia diminished, bowels free. Ordered Spt Mindereri & Morphia in small doses throughout day —

Sunday July 1st Patient continues to improve, pulse

80 — Skin relaxed, bowels free. Ordered Morphia at night. —

2d — Convalescent tongue a little coated but clearing. — No medicine —

3 — Found her sitting up nursing her child apparently free from disease, but noticed some coldness & clamminess of the hands —

July 4th. Was called by Dr Pearson to see patient at 9 P.M. At 1 or 2 she had been seized with Delirium & prostration &c — found her in the following condition — Head very hot, mind wandering, pupils dilated, conjunctiva slightly injected, speaks hurriedly when spoken to & incoherently — with difficulty swallows — Skin cold, extremities more so, clammy exudation from her whole body, pulse perceptible but not to be counted, heart very active — respiration embarrassed, so sensitive of abdomen which is somewhat distended.

July 5 — Died at 8. A.M. —

Autopsy 6 P.M. — Much emboompoint, distention marked of the abdomen. Fat on parietes an inch thick. Epiploon covering the whole intestines & an angle of it connected with uterus, more vascular than natural, the attached corner — covered with patches of lymph & false membrane, the whole of peritoneum lining pelvis inflamed — covered with false membrane & containing some serosity, uterus exhibiting the same condition posteriorly, less so anteriorly. Broad ligament

inflamed, vessels distended. Lower surface of uterus posteriorly deeper red & congested than in other parts.

Fever after delivery –

Mrs Dr Drayton aged 24 full habit of body – black hair & eyes – high complexion – bore her pregnancy without much suffering & was delivered of a male child June 4th 1852. Labour 12 hours the last part of it tedious from the child's head being large requiring four hours to mould, dilate & dilate the soft parts – that time being taken to pass the impetus straight.

June 5th Patient suffered from retention of urine which was drawn off. Pulse 80 – doing well – June 6 doing well except pain in making water & soreness of external parts, & little headache.

June 7th soreness of external parts & difficulty of making water only inconvenience. Bowels moved by castor oil – fomentations.

June 8th Patient doing well but not quite as easy, complains of soreness of external parts & of straining & micturition. Left mind & bowels [illegible]

7 P.M. – Warm, pulse 88 – skin good a little thirst.

11 P.M. was sent for & found decided fever which apparently had been aggravated by a tumbler of catnip tea. Skin hot. Pulse 96 – quite full, face flushed & restless and

answers complains of a severe pain in back & pelvis regards when the urine passes. No soreness over the abdomen except when direct pressure is made upon the uterus. Bled her freely until faintness was produced 14 oz taken, then ℥iv. Castor oil.

June 9th Sees general amelioration face not as flushed, skin warm, very little distention of abdomen, which is pretty flexible, has some but less difficulty of urination, if hard pressed has a little pain in left fossa, pulse 115 - smaller, thirst. Examined per vaginam & found the only sore point was in the course of the urethra & at meatus. No headache. Dr Pepper saw her with me & we gave her. ~~Pil Hyd gr j - Pulv Doveri gr ij - every 2 hours~~ - Placed a flaxseed stupe over the sore points. Gave an anodyne injection bold. Land answer.

June 10th 9 o'clock AM Passed a sleepless night, fever continues, pulse 130 - quick skin warm, some expression of anxiety of countenance, stomach retentive but disposition to emulsion. No distention or soreness of abdomen, slight pain on making water, tongue furred thirst, milk freely. Directed Pil Hyd gr j - Pulv Dov gr ij every 2 hours - Pil quinine sulph gr j - every 3 hours. Chicken water & tapioca gruel.

7 - P.M. pulse 140 same condition. Same thing

June 11th 9 A.M. Passed a restless night - little but an hours sleep - much agitation & excitement - mind clear but thinks she will not get well. Skin hot - pulse 140 quick & small, no pain of abdomen & no difficulty or pain in urinating. Lochia moderate, milk free. Mind perfect, some slight nervous twitching of hands & thinks the quinine affects her head. Great thirst & furred tongue. Can move herself without uneasiness.
Intermittent quinine potty & Pills Hyd et Pulv D. - as with as home whey - & gave pil Hyd gr iij - every 4 hours - Effervescing draught ℥ij & Eat Valer Ammon gr xv every 2 hours - beef essence / Jelly & wine / Sponge the surface & cold to the head -
In the evening gave a flavoured injection -
June 12. Passed a better night, skin less warm pulse more decided 138 - no pain, urinates freely - milk state free. tongue state furred, expression calmer & less excited - Expresses herself refreshed by what sleep she has had (2 or 3 hours) bowels not freely moved by the injection. less excitation - state slight twitches of muscles.
Using Castor oil ℥ij - & continue treatment omitting blue mass -
7 P.M. - Pt has operated three times copiously - Says she feels weak - skin less heated - pulse 130 - other good - in other respects same. Ordered 20 drops of Opium by injection continue treatment
June 13 - Slept more last night, bowels have

not been moved although there is a disposition to the evacuation of some fluid with flatus. Head clear but complains of distress & uneasiness - tongue pointed & somewhat pale from sores on sides, aphthae. State much thirst. Pulse 120 - form decided rythm natural. Skin hot but less so than yesterday & not so much flush of face. Stomach retentive & less constipation. Abdomen fleecy, urinates freely. States that her feelings are that her limbs do not belong to her. During the day complaining of weakness & faintness when her necessity were drawn but this not indicated by the pulse. Milk still abundant. Treatment - Ha Spt Mind Pij with gtt XX - Spt Nit D) substituted for the effervescent draught, with 15 gts Ext Val. every 2 hours. Stop Lemonade & give pij Eat Lactuca & atrosa every 2 hours - bone tea & Beef Essence.

June 14th Passed a comparatively quiet night, but with an aggravation of fever and decided delirium which is less designed at morning. Mind now clear when spoken to & answers all questions relative to herself but when left to herself wanders somewhat & seems to have her

mind filled with illusive fancies – Face not as-
flushed, tongue furred – thirst. Stomach retentive –
No brax & relish for her food, little constipation –
bowels soluble have been moved twice. Abdo-
men flat. Passes her urine freely natural in-
appearance. Some slight soreness over the bone
of ~~left~~ ischium & ilium, & when strong pressure
is made upon the soft parts immediately within
the bony case says it hurts her, gentle pressure
not felt – Some tness of external parts & dang-
le within immediately within the vagina – Pulse
120 – Skin moderately soft cooler. less prostration. Expression –
natural – heart so placed as not to require
drawing – Lochia absent. Can lie on either side. –
Treatment – Pills ex Bark ℞ 3 ij. & Balsam Ext every 3 hours – continued –
Lactucarium – Beef Essence & Simple stery – with –
sponging – In afternoon took Must Neutralis.
June 15 – Passed a better night than any –
previously. Slept six hours soundly and
dozed the remainder awoke in the morning –
free from delirium. Pulse 120 soft skin moist –
tongue clearing a little; thirst less. bowels –
opened twice. Some secretion of milk, less –
twitching. The Lactucarium Ext dis cont'd & Con-
tinue bark & diet
– 16 Pile Exacerbation of fever, has suffered –
much from heat during day. Skin covered –
over the breast with sudamina. Pulse 140 – Skin
more hot but moist. ~~Became~~ Delirium again is –
Respiration 33

manifestly, lying in a dozy state, with more muscular unsteadiness. Gave again during the afternoon & continue Ext Lac & continue tart, with Spt Mindererii, cold to head.

June 16 – Did not sleep last night at all and very delirious – expression fixed & dilated pulse at wrist 135 – skin not moist but of moderate temperature, urinates freely and when touched over meatus sin line of the urethra says she is sore, bowels once moved slightly since yesterday – belly flat stomach relaxed tongue as yesterday. – Expressed a wish for coffee, which was satisfied (an hit) ice cream also – Contin Ext Lact & Bark; cold sponging –

~~6 10 a~~ – 8 P.M. in consequence of sleeplessness & excessive restless with active delirium gave an anodyne injection Tr Opii gtt

June 17. Passed a comparatively quiet night, but without sleep – Delirium continues – skin warm but perspirable, pulse 140 & upwards – belly swelling – has hardly consciousness of her wants, & passes her

urine without soiling the clothes. tongue -
moist & can swallow easily.
At noon became noisy & wild delirious
high. eyes staring & expression excited -
constant tossing of the head - reflex mus-
cular movements both regardless of the
voluntary muscular power. great subsul-
tus. belly more tympanitic - pulse not to be
counted. skin moist but warm. - a
small anodyne injection. has been ch
day under the free use of stimulants.
7 oc P.M. - quiet & prostrate, breathing regu-
larly but power gradually failing has
difficulty in swallowing. From this time
her respiration became more & more im-
peded. pulse became weaker, power of
swallowing impossible & without spasm
or any agony died at 11½ P.M.

Autopsy of Prof. P. B. Rogers — Lewis

Autopsy & microscopic examination by Dr Leidy — Emaciation extreme. Scarcely any muscular development on the anterior parietes of the chest. In the structure of the attenuated muscles an abundance of spiralis —

Upon raising the sternum the cellular tissue over the pericardium was found infiltrated with air or gas, and containing yellow gelatinized serum. Some fresh lymph was also perceptible.

Lungs. Adhesion of the upper lobe of the left lung; structure healthy, but a small melanotic tumor, about 3 lines in diameter found upon the surface. (It consisted of fibrous stroma with granules of pigment[x]). The lower lobes of same lung were engorged but not indurated. Of the right lung the upper lobe also healthy, ~~with~~ some adhesion to the lower lobe & the costal pleura. Of the middle and lower lobes the tissue was condensed, the result of slow inflammation, but not amounting to hepatization. At the back part of the lower lobe a single tubercle was found, spheroidal in form, 5 lines in diameter (It consisted entirely of unchanged tuberculous capsules). There was also an enlarged bronchial gland in the central substance containing [x] but no true pigment cells.

osseous matter. In the right pleura an effusion of bloody serum to the amount of three pints, containing shreds of lymph, and deposits of lymph upon the costal surface of the pleura.

Heart. Pericarditis evidences of recent pericarditis, with coagulable lymph but not extensively diffused upon the surface. Heart darker coloured than natural from congestion; somewhat enlarged. Coronary arteries filled with atheromatous deposit as hard as bone (and consisting of an irregular calcareous deposit with fat granules) Hypertrophy of the left ventricle. Mitral valves insufficient from thickening near the free borders. Atheromatous deposit between the folds (an of fine fat granules & some cholesterine crystals). A small coagulum in left ventricle. Semilunar valves of aorta containing atheromatous deposit. Inner surface of the aorta of a buff yellow colour, rendered unevenly an irregular deposit of yellowish atheroma between the lining and subjacent ~~tissue~~ tissue. Atheroma consisting of fat globules and fat granules without cholesterine. Walls of the

right ventricle somewhat thickened, tricuspid valves ~~somewhat~~ healthy, and semilunar valves of the pulmonary artery also healthy.

Abdomen Mesenteric glands healthy, no external mark of disease upon the intestines, mucous surface natural, stomach extracted.

Liver of natural size, of a chocolate brown colour, slight effusion of lymph on the peritoneal surface, somewhat condensed in structure, lobuli more distinct than natural, hepatic cells containing small groups of fat granules but no globules.

Spleen smaller and harder than natural condensed in structure + a patch of cartilaginous degeneration (atheroma?) upon the convex surface.

Pancreas healthy.

Kidneys Supercenal capsules healthy. Ureters of natural size. Kidneys smaller than in the normal state, lobes distinct externally with several urinary cysts perceptible in surface. (Condensed in their structure, lobules distinct. Granular degeneration of the cortical substance not decisive in its character, the right more granular than left. A few white (yellow in size from a mere point to 1/4 of an inch in diameter, scattered among the medullary and cortical substance were narrow prismoid crystals (calculi?) The testicle

tubuli of the medullary and cortical substance presented the usual character observed in the normal condition, they were every where lined with a perfectly developed epithelium, but a small proportion of them contained groups of fat granules. The epithelium also investing the Malpighian corpuscles was entire, but the cells in many cases contained groups of fat granules. Ottentuli tubuli were observed nearly filled with nuclei, or a mixture of them and fat granules. From the papillae results a white milky exudation took place on pressure.

1853 =

Malignant Fever, Mr. Selser aged 20 a 20 but vigorous young man, ruddy complexion and chestnut hair, arrived in Philadelphia from Vicksburg Miss. since which time he has been sedulously attending lectures in the University Pa. as a first course student.

until the period of his attack he has enjoyed good health, with the exception of feeling uncomfortable about the precordial region a few days previous to it and an attack of Catarrh. I was called to see him on Saturday Nov 19th in the afternoon, and found him complaining of fever. His skin was somewhat warm & dry, pulse 90 = thirsty, tongue furred = Bowels had been moved two days previously by the Sulphate of Magnesia. Directed Blue Pill & extract of hyoscyamus & Neutral Mixture.

Nov 20th Sunday - was sent for to see him in the morning in consequence of violent vomiting having come on during the night. - Found the retching violent & large quantities of green bilious matter discharged. Face flushed - by the efforts - but skin comfortable & pulse soft, moderately full & less frequent than the evening previously = directed revulsives = to back and abdomen & Cal & opium in doses of 8 ½ each every 2 hours,

In the afternoon there being no abatement of the vomiting = gave an anodyne injection, which was repeated - 60 gtt Laudanum in all were thus administered = 12. M. An alleviation of the vomiting, but much jactitation restlessness, sleeping at intervals for half an hour or less.

21st Monday = was sent for in haste with the statement that he was suffering from spasm of the chest = on reaching him found that he was agonised by convulsive irrepressible spasmodic movements of the diaphragm & abdominal muscles, the act of respiration was most painful, the muscles of the chest were sore as were also those of the back & hips, the slightest pressure upon them produced an access of pain, his spine was tender on pressing the hand upon the spinous processes - the inspiration was heaving = and with it a loud expression of distress & suffering. The face was flushed, eye injected

and he stated that he had some headache = the temperature of his skin was not more elevated than it had been, the pulse full but soft was 80 pr min. = After cupping him freely along the spine = without relief = they bled him 12 ℥ = when he said he felt faint. Blood flat unseparating clot of a darker hue than usual. Gave Camphor Mixture with Castor & Black drop in 10 gtt doses every 3 hours.

4 P.M. Found him still laboring under the irregular spasmodic respiration, but with a pulse somewhat increased in frequency, but full & strong = Requested Dr Wood to see him with me, Just Coth = 8½ P.M. = There being no relief to his convulsive respiration & his sufferings being interwoven with threatening congestion of the brain and lungs we decided to repeat the V.S. = which was done to the extent of 3X.

Nov 22 = 9½ = Although the respiration had become quieter, and he has had intervals of rest during the night, it is laborious = with high heaving of the chest & panting action. Face flushed & eye much injected pulse 112 - but possessing fair temperature good = very restless tossing from side to side & rising from time to time, desiring to change his bed. tongue furred but moist, no vomiting =

bowels slightly moved with dingy green watery discharges, small in quantity. In the groin & over the belly & thighs discovered a full petechial eruption = this attendant stated that he spit blood at intervals = Gave him Ol Succinate & Musk Mixture = and to bring on action of the bowels - Magnesia Mixture & Fluid Cat Senna = nomistmaf =

5 P.M. = Somewhat more quiet = but still restless = flush of face continues = respiration nearly tranquil, pulse become feeble = bowels have been freely moved, mind wandering and disposed to doze for short intervals = when fully aroused however conscious = of who are about him + = Stimulants =

11 - P.M. = Found him with scarcely perceptible pulse, but very restless = arose to urinate ostensibly, but hardly knowing what he desired, sat upon the side of the bed with little ~~without~~ assistance, laid himself down on his back & in 15 minutes expired.

+ Arm disposed to bleed from venesection, checked by a roller from the hand.

This gentleman came from a district of country where yellow fever prevailed extensively, & lost his mother & brother since his arrival in the city. He was much exposed on his journey in riding on the out side of the stage from Vicksburg to Montgomery Ala.

Cinchonica

Mrs. C. Biddle - aged 30 = Delicate constitution = Nervous Habit. Light hair & eyes = Has laboured under Chills & Fever since August - Has been living during the whole summer in the region of the Delaware within a mile & a half of the margin. During October and November the Paroxysms returned every two weeks. Has taken the sulphate of Quinine freely and bitter a view to the anticipation of the attacks, so as to completely derange her nervous system. Suffers much from headache. On the 23d of November was called to see her & found that in addition to the nervous symptoms = her tongue was furred, bowels constipated, with a yellow tinge of her eye & skin, digestion impaired & a tendency to fulness of the head & neuralgic headaches.
Prescribed Blue Pills, & a purgative = followed by Taraxacum. =
On the 28th = Skin clear & eye = tongue clean and the bowels free = weak & debilitating, Cinchona Est

of Gentian & Port wine.

Dec 29. was again called to see her & was told that she had a Chill the afternoon but one previously followed by fever & head ache = found her free from both and directed Sulph Cinchonia in pill pills = the every two hours =

4th = Has taken 3 pills = each day = in evening had Chill =

5 = Free from Fever directed a more liberal use of the Medicine =

7 = Has taken 24 pills & no return of fever = on the preceding evening.

Diabetes Mellitus Death.

Beaulieu Newman aged 20 years, has been for five years past at least the subject of Diabetes, from which his general health has been much impaired. The quantity of urine voided amounted to 16 pints or more in the 24 hours, highly charged with sugar. For years his thirst has been excessive & the appetite voracious. Emaciation has been progressive & of late he has evinced a disposition to lethargy. Various modes of treatment have been adopted but without making an impression upon his case.

On Thursday July 10th 1856 he left Long Branch where he had been spending a week or two, & left under the impression that he was more poorly, feeling some difficulty of respiration, & arrived at home in the evening.

On Friday 11th he was attacked with ear ache, the pain being severe, radiating on the side of the head, for which he applied to his medical adviser Dr Goodding, & was relieved by the application of 2 drops of Fl Aconite with a few of Glycerine. In the evening he complained of difficulty of respiration, which increased so as to become alarming during the night.

At 2 o'clk A.M. July 12th I saw him with Dr Goddard & found him in the following con

dition. He was laying on the floor to which his matrass had been removed, gasping for breath and complaining of intense agony in his chest. Respiration short & hurried, interrupted with moans & exclamations. Consciousness perfect, but mind disposed to wander in the intervals of his cries for relief, pulse 130, sharp & contracted, heart beating with violence, with an exaggeration of the normal sounds; respiration clear through the chest & percussion resonant throughout; face flushed, eye somewhat injected; extremities cold, body warm, thirst excessive, tongue coated, bowels had been confined for several days. A dose of Magnesia Sul. ~~had been~~ had been given to him, soon after & awakening which seemed to calm the excitement but did not diminish the respiration. Dry cups were placed on the back of the neck, followed by a blister, & 5 grs of Calomel & an equal quantity of Ex Col Comp. revulsion was made to the extremities.

8½ P.M. A soporose state had succeeded to the excitement, gradual loss of consciousness had come on; eye fixed, pupil contracted, face still flushed, inability to swallow, skin becoming cooler, with collignative sweating, pulse small & running, yet chorded. A large accumulation of water had taken place, which was drawn off, to state. Gradually sinking, pupil dilated. respiration shorter & pulse declining rapidly, countenance living; at 11 he died.

Placenta previa –

Mrs Simes pregnant with her sixth child during the summer has enjoyed good health in the country, and but once had a show of blood discharge returned to town at the conclusion of the season & during the month of September had discharges of blood sufficient to lead to the idea that her pregnancy was accompanied by placenta previa.

Oct 5. 1858. was taken in the morning with labor pains & flood, in which continued all day & during the evening.

at 11½ P.M. I was called to see her in consultation with Dr C. D. Meigs her accoucheur, found that she had lost much blood. but her skin was warm & her pulse good but 132. about 85. face colored as she lay with her head depressed. os uteri dilated & soft sufficiently so to permit a determination of the presence of the child's head not engaged in the neck & a flap of detached placenta lying partly projected from the open os – the placenta previa was determined to be partial but half over the neck of the uterus & therefore not largely separated by the dilatation of the neck. Dr Meigs had used the gum elastic bulb filled with warm water in the vagina & cold to the abdomen & as the pains were feeble he had given

small doses of ergot. At 7 A.M. the pains appeared suspended or feeble & it was determined to give her full doses of ergot as the neck & os were dilatable. Her strength apparently failing stimulants were used freely internally & nourishment in the shape of beef & milk. At 2 P.M. the head had much descended & had been brought to bear upon the separated portion of the placenta, but it was discovered that the funis had descended & from its protrusion for some time have been pressed upon there being no circulation & the child dead. There being no reason why delivery should not be expedited as her pulse had very much failed & restlessness & nervous irritability were increasing, it was determined that if the uterus did not bring the head within reach of the forceps to introduce a tractor with the head of the child & deliver. Being disappointed in the efforts of nature the pains becoming suspended & the danger from protracted from exhaustion imminent, the hook was introduced & the head delivered at a quarter before three.

After delivery there was no hemorrhage but from discharges but patient was very much exhausted, the pulse remaining very frequent. Gave 1/4 gr Sulph Morph. =
At 4½ A.M. disposition to doze, pulse still frequent but fuller. = During the latter part of the labour she was sick at her stomach intolerable to the light & this nausea continued in moderate degree. =
6 – 11 – A.M. Patient has slept a few hours has warm skin & pulse of sufficient force but still frequent. Continue anodyne suppository, the tonic contractions of the uterus which were brought on by the light & continued as often pains have ceased subsided. expresses herself comfortable but weak. =
8th Is labouring under prostration, with some discomfort from uterine contraction pulse rapid & weak 120 pr minute =
Kept under the influence of Morphia & allowed beef Milk & broth as diet.
9 = Pulse less rapid & stronger.
8. Comfortable & less prostration pulse 100 =
10 = Labouring under irritation from secretion of Milk & prostration is apparent under the secretory action. Diet Beef, bowels have been moved by injection No pain or abdominal uneasiness.
This patient for a long period laboured

under most of the symptoms connected with the loss of blood. The pulse continued rapid for weeks — her head was oppressed by weight & uneasiness. Her bowels — became torpid & extreme nervousness almost threatening puerperal mania existed for some time, but under the use of Sulphate of Quinia & iron with good nourishment, she ultimately recovered.

Eclampsia, with albuminous urine.—
Mrs Sayers aged 27 of delicate make & tendency to affection of the lungs, was pregnant with her first child. Her lower limbs became much swollen in the 7 month of pregnancy, but in other respects her condition presented no marks of alteration. On the 6th of November her urine was examined & afforded evidence by the action of heat & nitric acid of a considerable amount of albumen, the sp gr was 1001. No test of the amount of urea was made.
On the 10th I found on visiting her that the swelling was rather increasing, she complaining of little except confusion when long occupied in sewing, which was intensified and although the urine in quantity was abundant, some sweating of urine was directed & her bowels to be kept freely scratogen water.
On the 18th I was called to see her in labour which had commenced in the night with the discharge of waters, her husband stated she had been apparently well for the last few days, with the exception of some shooting pain in the forehead & a little confusion which

passed off in a few minutes which had been met by a sedative powder. When called to see her she was calm with an unaccelerated pulse & suffering under pains at intervals of ten minutes of a somewhat forcing character. On examination I found the os well dilated and the membranes presenting with the left foot a little in advance of the several tissues. At 12 M. the labour was going on well, the child having descended so as almost to reach the perineum & distend it, with fair propulsive effort, and no complaint of head or premonitory symptoms. At 12½ when the child fully distended the perineum she was seized with a violent convulsion. It was immediately deemed expedient to hasten delivery by traction on the groin of the child by which I succeeded in delivering the nates, the body soon followed & was rapidly delivered with the arms, at which stage another convulsion came on, in the midst of which I succeeded in getting the narrow blade

of a vectis above the head & bringing it down. The child was born in a state of asphyxia, but the heart had not ceased to beat although for several minutes there had been a cessation of circulation in the cords. By artificial means in a little while breathing was established & the child saved.

After delivery the eclampsia returned every 20 minutes for three hours, with a soporose interval & on the return of consciousness a relapse into the convulsed state; during the soporose condition the smoke pipe motion of the mouth was a common accident & stertor.

The pulse was rapid & very feeble at the time of the convulsions almost lost, & the skin cold. A free hemorrhage had occurred at the separation of the afterbirth & continued half an hour which told on the circulation. The treatment therefore was confined at first to stimulation externally, and the employment of an Opium & Ass opection injection, (Hi Opii gtts XXX - Fi. aq. ad ℥ viij). At five or the intervals of eclampsia were prolonged to one hour, & a stimulating nutritious injection (Brandy & Chicken water

Bi-grain. At 9 oc the interval varied from 20 minutes to 2 hours. There being evident exhaustion a grain & a half of quinine was added to the injection at intervals of 2 hours. The blister on the back of the neck had drawn & reaction fairly established. At 7½ P.M. the last convulsion took place, at which time patient was very restless but unconscious - this was attributed to distention of the bladder which was relieved by the catheter.

10 oc A.M. Nov 19 - Patient has slept during the morning for several hours soundly and naturally, has returned to partial consciousness, & taken some nourishment. pulse 93 - weak, skin warm, quinine suspended & nourishment given. The urine drawn by catheter at 9 oc A.M. was thick & dirty, Sp. gr 1019 - coagulated largely by heat, colour dirty. On standing until evening deposited much epithelial matter & water of ammonia with epithelial matter. From Bif by nitric acid when the albuminous coagulum was removed, & obtained gas of nitrate of urea.

Nov 20th passed a good night, consciousness perfect, feeble, with a pulse of 93, moderately strong & good warmth of skin, says she is a little confused & recollects nothing of what has passed, very sore in the limbs. Diet of beef tea & a little ice cream, urine drawn by catheter.

21st. Passed a comfortable night, is perfectly rational, and composed. Pulse 86 good. Passes water largely by catheter, complains of blister & soreness in her limbs, from which the deposited effusion is passing off. Diet beef tea & Bruma, Spt Nit Dr.. perfect quiet.

Urine - sp gr 10013. free from albumen.

22. = Perfectly herself, pulse 93 - from debility - No pain or uneasiness - functions all natural.

23d = Much as yesterday, sleeps well & expresses herself as free from all discomfort. = bowels moved - & urinates freely.

24 - As yesterday with the exception of some fulness of the heart = but not palpitat. pulse 94 = bowels moved naturally & urinates freely - swelling of limbs has disappeared.

Dec 1st. Convalescent.

This lady gradually got well but remained weak for some time.

Oxalate of Lime Cases—

Mr. Robinson aged 28— of nervous bilious temperament ~~came~~ tall spare man, natural weight 180— dark hair & skin — came under my observation June 30th 1849. He described his symptoms as follows— Great restlessness & irritability, nervous tremors, flushing of the face, fullness of head with loss of vision alternating with or succeeded by prostration & faintness— disturbance of limbs with sudden tottering of gait & a transient feeling of falling. At times, he is almost unable to control himself & an impulsive inclination to rush from the room or house & get into the open air, variableness in his appetite with uncomfortable feeling in pit of stomach, which is much distended by flatus, by the discharge of which relief is afforded. Pain & weakness in the loins & pain or constriction of chest attended at times with palpitation. These symptoms are not incessant but recur partially or wholly several times in the 24 hours— He states that after much anxiety & mental fatigue in his business he was first attacked two months ago, since which time he has been going down hill & has lost 25 or 30 pounds of flesh. During previous life enjoyed good health. — I found his tongue slightly furred— pulse 95— skin cool & moist, bowels disposed to be constipated & the urine passed in the morning deep red, with a superabundance

of flocculose deposit, acid to litmus paper.
It was found to contain a great quantity of
oxalate of lime, with superadded mucus so as
to interfere with the pipette when manipulating.
In connection with the urino-genital apparatus
complains of soreness after urinating in urethra
& states that seminal emissions are weekly with
him. Various treatment has been pursued by others.
Indeed 5 drops of citric acid in infusion of
sesquentaria three times daily & to regulate bowels
and quiet nervous system Assafoetida also & this
Enjoined as much rest as possible, diet simple & animal.
July 4th less nervousness & irritability, bowels open
once daily, tongue cleaner, more appetite but as
usual by flatulence. Urine passed in the
afternoon previously of a deep straw colour
loaded with straw coloured deposit of mucus & large & small
crystals of neutral triple phosphate, oxalate in very minute crystals
facia to litmus paper, & urea decidedly acid. Continue treatment as before, and food
at shorter intervals. Inj. Buchu to bath.
July 7th Feels better, urine sherry wine colour
passed in the morning, slightly tinted, having
an odour marked of sesquentaria, not deviated
by nitric acid except from slight effervescence
very acid to litmus paper, oxalate of lime in large crys-
tals - less abundant. Some epithelial scales, round & irregular & of the nucleated form. Upon standing
less decided deposit from the demonstration also
of the mucus.

July 9 – Patient states he feels better, but very weak
Urine of this morning – deep sherry coloured – a little
cloudy – exhibits on standing a few oxalate of lime
crystals of medium size – not cleared by heat, but
the cloudiness dissipated by strong acetic acid which
precipitates the mucous in shreds. When the pi-
pette is taken from the bottle in which contained
a glairy adherent filament of mucous follows the
point.
The patient took a sea voyage to Boston and
was much better, when on landing he was
attacked with some derangement of his sto-
mach with fever & returned home in apprehension.
for this he was placed upon mild purgatives –
and diaphoretics under which he recovered
July 30th feels fresh, nervous now, tongue clean, skin
good pulse natural yet so. Complains simply of
debility, urine passed at 8 oc Ills. 30z – Clear
of a deep sherry colour. At 12, oc on standing –
had let fall a light flocculent deposit.
Urine viscous, sp gr 1.017, temperature 81° Acid & leaves
the microscope exhibits no oxalate of lime but epithelial
scales & blood globules, which originate from a slight
urethral hemorrage following an injection at the urethra
done without advice for some mucous discharge.
The patient went to the sea shore
August 29th Returned home yesterday. Symptoms much
ameliorated while away, appetite excellent, strength
better for a time, but had an attack of diarrhoea

which again reduced him. He now complains of some nervous distress & feeling of numbness in his hands, a little dizziness & tendency to totter in his gait. Tongue clean, bowels regular — pulse natural & skin good. He had the nocturnal discharge since last seen. On the whole he has gained flesh & is better than when he left. —

Urine passed in the morning — 68 — clear amber colored, on standing light cloud precipitated — acid — Sp gr 1030, temp 80. — Examined by the microscope exhibited some epithelial scales — a few globules of pus & ~~matter~~ chemical & several very minute crystals of mutiat phosphate, having stood 48 hrs.

A treatment adopted was of ferruginous tonics & good diet. The iron did not suit the case & infusion of bark was substituted.

Sept 14 — A specimen of urine voided in the morning was ℞ 81 — of a deep amber color but cloudy. On standing a cloud precipitated. Sp gr 1030. Temp — 80. acid & litmus. odour aromatic. The deposit consisted of pus globules & mucus, of spermatozoa, epithelial scales & a few minute crystals of oxalate. —

crystalline oxalate of lime was obtained. An amorphous matter not soluble in muriatic acid burned completely (organic matter).

Absorption of Articular Cartilages.

Mrs Morris – aged – patient of Drs Jackson & Clarke –
July 19th 1849 – Passed 8 oz of urine, of a straw colour
turbid & very fetid. Sp. gr. 1001. deepened litmus
On standing a very copious white gelly deposit took
place, which the microscope showed to consist of a
large proportion of small sized crystals of neutral triple
phosphates; black globules & epithelial scales dispersed
through amorphous colored matter obscuring the field
of the microscope.

On adding nitric acid ~~diluted~~ a specimen of this
urine it was nearly cleared – with the liberation –
of minute bubbles, at first collecting on the sur-
face, disappearing on standing. The urine was –
not affected by heat, partially cleared by caustic kali.
The deposit still left in the nitric & caustic solutions –
consisted of epithelial scales & rounded black granules.

A filtered specimen of this urine was not clear
of a light straw colour. A solution of oxalic acid
caused a cloudy white precipitate.

When ammonia was added to the same there
was a precipitate of triple phosphate.

The white deposit from the urine as stated above
was subjected to a high heat with the blow-pipe
at first turned black, then became white & fused, then
cut it was subjected to the action of muriatic acid –
diluted, which completely dissolved it. Ammonia add-
ed, then dissolved still an triple. The mother fluid
being subjected to the test of oxalate of ammonia

Sept 5th 1849 – Examined a specimen of urine given me two weeks since by Dr Gottrecht; at the time it was given to me it had a clearly urinous odour & under the microscope exhibited the diamond form with quadrangular plates of uric acids; at present it has a strong odour of ammonia & presents a precipitate of opaque globular water of ammonia, with a few crystals of ~~rectangular~~ hippuric.

Rice water discharge —

Specimen from Dr Tagart's Hospital, — in a corked bottle obtained July 23d — Examined July 25 — of a white colour, exactly resembling rice water — filtd when opened. — It had separated into two portions an opaque white fluid & a dirty white deposit. — Sp. gr. 1.010. Neutral to litmus.

The deposit presented under the microscope a granular & amorphous appearance, — the granules having the form and appearance of pus globules, the amorphous part resembling amorphous urate of ammonia & apparently made up of an innumerable array of minute globules. Epithelial scales also noticeable.

The fluid portion of the evacuation being subjected to the action of ammonia in excess, after a few days — standing I noticed perfect crystals of Triple phosphate of ammonia & magnesia.

1 = Patient taken in Baltimore cars at 12 oc. vomited all the way to Philadelphia arrived hospital at 2½ P.M.

+ by the latter colour deepened

* The same globules I have observed in the deposits from the iced water discharges.

Examination of the Urine in Cholera —

1 — Nathan Allen — 49 yrs — Admitted into Dr Sargents Hospital — July 17th 1849 — Partial Collapse. Urine passed at 5 P.M. — of a deep reddish brown colour, clear when passed, odour aromatic natural, Temp. 73, Sp. gr 1.017. Not affected by heat or nitric acid. Reddens litmus. A thick deposit after a few hours from acetic acid.

Microscopic characters — Nucleated epithelium scales, a few exceedingly minute crystals of oxalate of lime — + some pus globules. — round embossed + resembling pus — On 12 hours standing a diffuse deposit, somewhat thick & ropy when raised by the pipette. — Examined by microscope presented numerous crystals of oxalate entangled in mucous — epithelial scales — pus globules + blood globules — When this deposit was submitted to heat it became more tinted.

Muriatic acid in 24 hours produced light drop of uric acid crystal.

18th — Patient convalescent, Urine reddish brown of lighter tint than yesterday, slightly tinted. Passed at 2 P.M. odour natural, consistence normal. Temp. 73 Sp gr 1017. On standing 14 hours — a light deposit consisting of epithelium pus globules + mucus, perfectly limpid. Nitric acid slightly heightens the colour. Patient left hospital on 20th.

+ Muriatic acid renders it more transparent, with a flocculent deposit & a reddening of the colour. Acetic acid ~~clears~~ lightens the fluid with a ~~light~~ fine cloudy sediment. —

The deposit from Muriatic acid exhibits the granular and amorphous aspect as in the urine. —

The deposit from acetic acid is small & flocculose.

The precipitate ~~formed~~ by Ammonia is decided but small in quantity & a dingy white, with a clear amber colour of the supernatant liquid. Under the Microscope minute stellar phosphate crystals, with broken fragments & the amorphous & granular matter.

Characters of urine to be looked to —

1 - Time passed - age
2 Acid or Alkaline (litmus)
3 Colour -
4 Consistence -
5 Sp gravity -
6 - Character of deposit -
7 - Microscopic characters -
8 - Effect of repose
9 - Action of heat
10 " of acids -
11 Test for urea

Wm. L. Metcalfe – Aged – Entered Dr. Sargent's Hospital July 22nd 1869 – Urine passed at 10 o'c Aft. 23rd. Light sherry-wine colour – opaque – Sp. gr. 1.011. Temperature – 72° – Cleared by heat. Odour aromatic strong. Reddens litmus. Citric acid clears the ~~solution~~ sediment with an escape of an bubbles. + a slight white coagulation ~~Effervescence with citric acid~~.

Permitted to stand a thick heavy deposit was thrown down in 12 hours – which was partially soluble in nitric acid with a sediment. The microscope exhibits in the urine ~~the globular form of urate of~~ a globular and amorphous matter – ~~amorphous~~ ~~ammonia~~ some of the globules smooth the larger epithelial scales ~~with the globules~~. – The deposit exhibits with the above foliaceous crystals of uric acid. –

July 26th Urine passed 25th Thick & muddy of a dirty yellow colour. Sp. gr. 1.011. Temp. 76°. Has let fall a heavy dirty white deposit. Partially cleared by heat the deposit subsiding as a heavy shreddy one, leaving the supernatant fluid lighter coloured & clearer but not transparent. A thick scum formed by boiling. Muriatic acid produces brisk effervescence, the sediment dissolving & the fluid remaining opaque. Citric acid produces little effervescence & an opalescent appearance is given to the fluid. Acetic acid

The microscopic appearances of the deposit in the urine are of neutral triple in small crystals & an amorphous veil enlarging them.

Patient walking about convalescent.

Henry Howard aged.

July 26th – Urine passed 26 – Deep yellow, muddy, odour natural. Sp – gr 1,017 Temp – 98 – Consistence natural. A light whitish sediment, very minute adherent to the beak of the pipette, consisting of pus globules – and epithelial scales with a few neutral phosphatic crystals. Acetic & Citric.

Rendered lighter but not clear by Muriatic acid. Lactic acid renders the colour lighter but gives a decided turbidity. – becomes whitish opalescent by – heat. – This patient labours under a fistula in perineo. It is so debilitated from prolonged asthma that his recovery is doubtful. –

26 – Died from asthma.

James Owens – Aged.

Entered Dr Sargent's hospital July 26 – Urine passed July 26 – Deep brown. Eight ounces. Odour urinous, Consistence natural, a large head formed on pouring into the sp gravity tube. – Sp-grav 1009. Temp 83. Examined July 27th – Cloudy with a deep flocculent deposit. Cleared & transparent by heat with a light separation of the flocculi & their precipitation. Cleared & highly reddened by Nitric acid, with the extrication of nitric bubbles. – The same by Nitrus. – Reddens litmus. The microscope exhibits in the deposit epithelial scales – globular particles in abundance & a few vibriones. –

Urine passed 27th – deep amber colour nearly transparent. Odour aromatic, consistence natural. Temp 83 – sp-gr 1005. – No deposit on standing 8 hours. –

During last winter had a protracted attack of typhoid fever

Procured 8 oz of urine, of a deep red ~~[illegible]~~ colour, turbid & depositing a large amount of precipitate — very feeble ~~neutral~~ alkaline. Precipitate neutral triple phosphates, epithelial scales & opaque urate of ammonia.

Hysteria

Dysmenorrhœa & Urina

September 6th 1849.

Was called to see Mrs Fitton aged — a thin spare made woman, auburn hair blue eyes, nervous temperament. Has been married for six years without having had any child. Health during the whole of this time has been more or less delicate, suffering more or less from painful & difficult menstruation. She has had a whole leucorrhœal discharge. During the last month has been agitated with the prevailing distresses of the bowels for which she has been under treatment & for the last twenty four hours has suffered intense pain in the hypogastric region, attended at intervals with violent spasm. Saw her for the first time this morning and found her as follows — Pain great in the abdomen with tenderness, skin dry, complexion sallow, pulse sharp chorded small, tongue coated, thirst, irritability of stomach, pain in back & lumbar region. Urina deep red & loaded with deposit; difficulty & pain in micturition, ordered flaxseed injection following a small dose of Ol. Ricin. Hop fomentations to abdomen & opium after operation of medicine — Informs me she expects the menstrual discharge Sept 6 — Relieved by the injection which opened the bowels discharges dark coloured, vi throws from stomach — passed a pretty comfortable night & the periodical discharge being established, is relieved from acute pain but has considerable soreness; stomach much settled, tongue coated, thirst & feverish symptoms continue. Flaxseed inject repeat. Cal — 7 gr. Ext Hyos. sup. Pulv Rhei — every four hours. Cont foment. Opt Nit D. in water as drink, spare

diet. –

Sept 7 – As yesterday cotton wadding to be worn during night – and two pills –

Sept 8th – Improved, bowels have been open, tongue clearing & irritability of stomach less – pulse natural skin moist, – urination less difficult, less soreness of abdomen. Rested well during the night.

Animal food & an anodyne pill in the evening –

Sept 10th Has continued to improve as to the general symptoms. Yesterday from distention of bowels by flatus induced by constipation had an attack of intestinal colic followed by hysterical spasms of the whole body & temporary loss of sensibility. An aperient injection relieved – & Mass coc Hyos gr xij. Ext Taraxi gr XX – Ext Hyos gr IV Pulv Rhei gr iij – & pil xij – twice morning & evening. Animal food & Brandy.

Sept 12. Examined per vaginam & found uterus small, neck long narrow, with a very small not easily detected opening – vagina large flabby – on ballotement some pain & uneasiness communicated to the body of the organ & extending to the left iliac region. Ordered anodyne injection of ext opii – gr ii & flaxseed tea twice daily

Sept 15 – Has continued free from pain or uneasiness since attack of colic. Rests well. Appetite good, – bowels opened regularly. No soreness except when firm pressure is made over the lower part of abdomen, tongue clean, pulse too – small but soft, skin cool & pleasant; ~~tongue~~ yellow with a little ~~coated~~ cleanness of aspect, urinates without pain –

Less 8 oz. of urine passed through the night, of a deep brick red colour, tinted, loaded with sediment which when shaken renders the fluid muddy, but subsides readily on standing a few minutes. Sp. gr. 1025. temp. 98. — Odour of urine, consistence thick, sediment dingy white, upper layer somewhat flocculent. Reaction — litmus alkaline.

Partially cleared by heat. Muriatic acid acts with effervescence disengaging carbonic acid from carbonate of ammonia, the solution being rendered clearer by the solution of the phosphates, but still cloudy & heightened in colour, a slight deposit occurring upon standing half an hour, which proved to be epithelial scales — Nitric acid produced a similar effervescence & a partial clearing of the fluid. On heating the nitric acid solution & allowing to cool, a more decided deposit occurred — of the same with a crystal or two, resembling of lithic acid. Acetic acid dissolved part of the deposit, leaving epithelium. On microscopic examination exhibited a great amount of beautiful crystals of neutral triple, an abundance of amorphous urate of ammonia & some large opaque masses of the same.

By standing the acid solutions let fall lithic acid.

Sept 19th — Has been free from pain or spasm since last report, & is apparently doing well —

Urine 8 oz. passed this morning, of a deep amber colour, not perfectly clear, a light cloud being diffused through the fluid, consistence & odour natural temp. 96°. Sp. gr. 1027. — reddens litmus.

On standing 12 hours a decided white deposit occurred, composed of black globules, small beautifully defined crystals of ~~urates~~ neutral phosphate, amorphous matter (urate of ammonia or phosp. lime) with some pus globules. On standing 48 hours the specimen assumed a turbid appearance, became of a bright red colour & let fall a copious white precipitate. Alkaline to litmus & effervescing with acids (not ammon) urine very fetid. —

October 1st. During the past two weeks patient has varied in her condition, for two or three days would be free from all apparent disease & then again suffer from pain in the abdomen & hysterform spasms — Saw her at 4 o'c P.M. & found her complaining of diffuse pain in the abdomen. During my visit she had a decided hysterical convulsion which resembled opisthotonus, attended by insensibility & of three minutes duration, on returning to consciousness, she complained of soreness in her muscles. Her husband informed me that this was the second fit she had had since dr. — In a few days the expect her catamenial period. Anodynes were directed — as her bowels had not been moved for two days — Pil Ext Col Comp & hyoscyamus, when the nervous system became quieted. —